

Figure 1

10

1 of 35

12a

12b

12c

12d

12e

12f

12g

12h

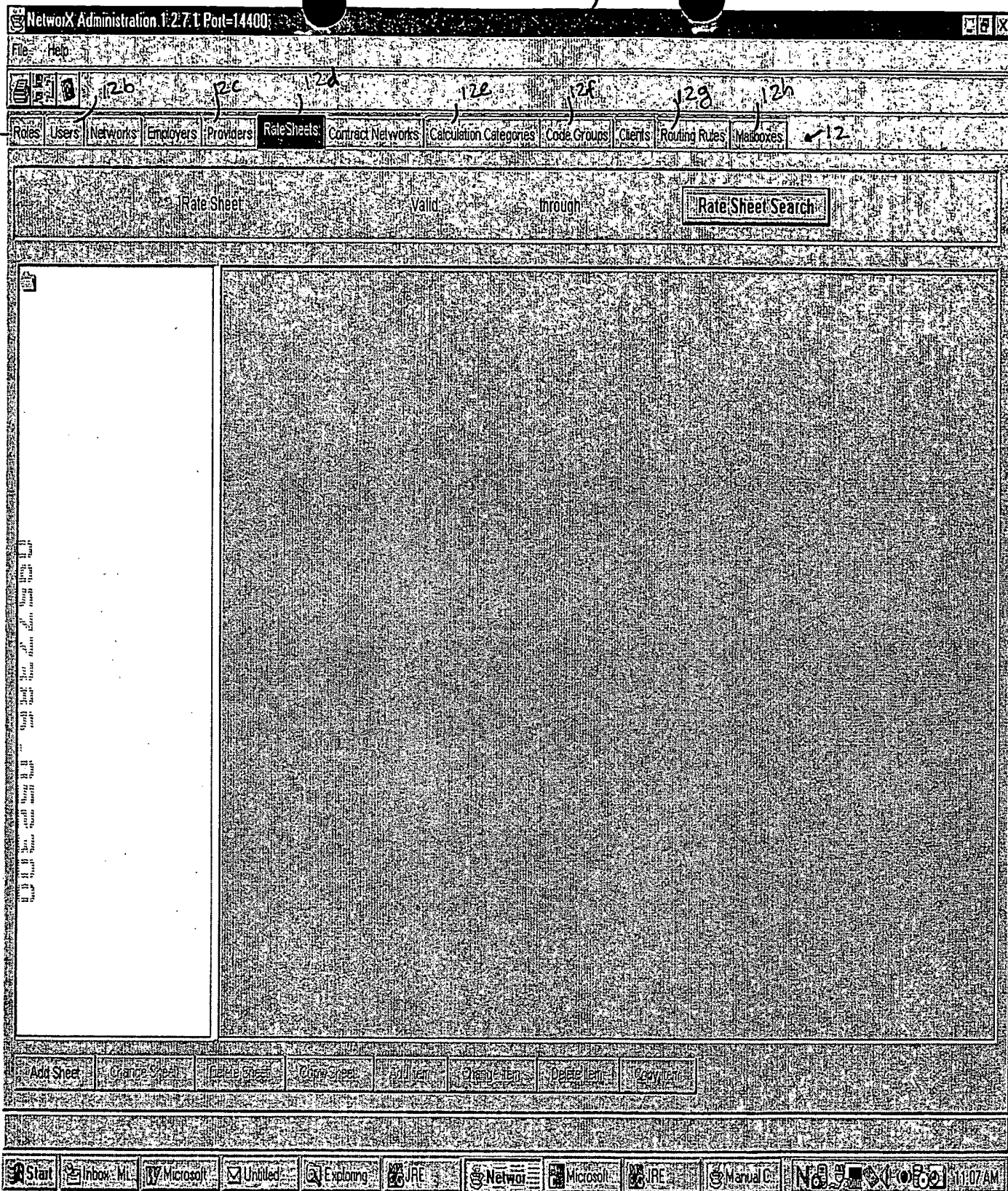


Figure 2

110

NetworkX Administration 1:27:16 PM

File Help

12C

Roles Users Networks Employers **Providers** Rate Sheets Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

202

Search

Provider Name: Hardy Medical Center

Partial Tax ID:

Network: None

Fill Provider List

Provider Aliases

Provider Alias	Tax ID
----------------	--------

Address

Networks

Network	Rate Sheet	Eff Date	Term Date
---------	------------	----------	-----------

Providers

Provider	Tax ID
----------	--------

Start

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JRE

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Microsoft Offi

11:02 AM

Figure 3

10

NetworkX Administration, T.2.7.1 Port=T4400

File Help

Roles Users Networks Employers Providers **RateSheets** Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

Rate Sheet Valid through Rate Sheet Search

32a 32b 32c 32d 32e 32f 32g 32h

Start Inbox Microsoft Unfiled Exploring JRE Network Microsoft JRE Manual C No 11:07 AM

30

Figure 4

Network Administration: 1:27:11 PM 11/14/00

File Help

Roles Users Networks Employers Providers Rate Sheets Contract Networks **Calculation Categories** Code Groups Clients Routing Rules Mailboxes

Categories

Category Description
All Calculations
Ambulatory Surgery
boarder baby calcs
Case Rates
Cost Calculations
Discount Calculations
DRGs
Maximum Amounts
Non Covered Services
Per Diems
Percentages
Reasonable & Customary
Schedules
Stop Loss
Unit Calculations

Calculations

Calculation Description
2 Level Per Diem
2 Level Per Diem, Ltd by Pct of Chg
3 Lv Per Diem
4 Level Per Diem
Per Diem
Per Diem, Excess Days

Add Change Delete

Start Inbox Microsoft Word Unfiled - Mes Exploring - rep JRE Network Administration Microsoft Office 11:03 AM

40

45

Figure 5

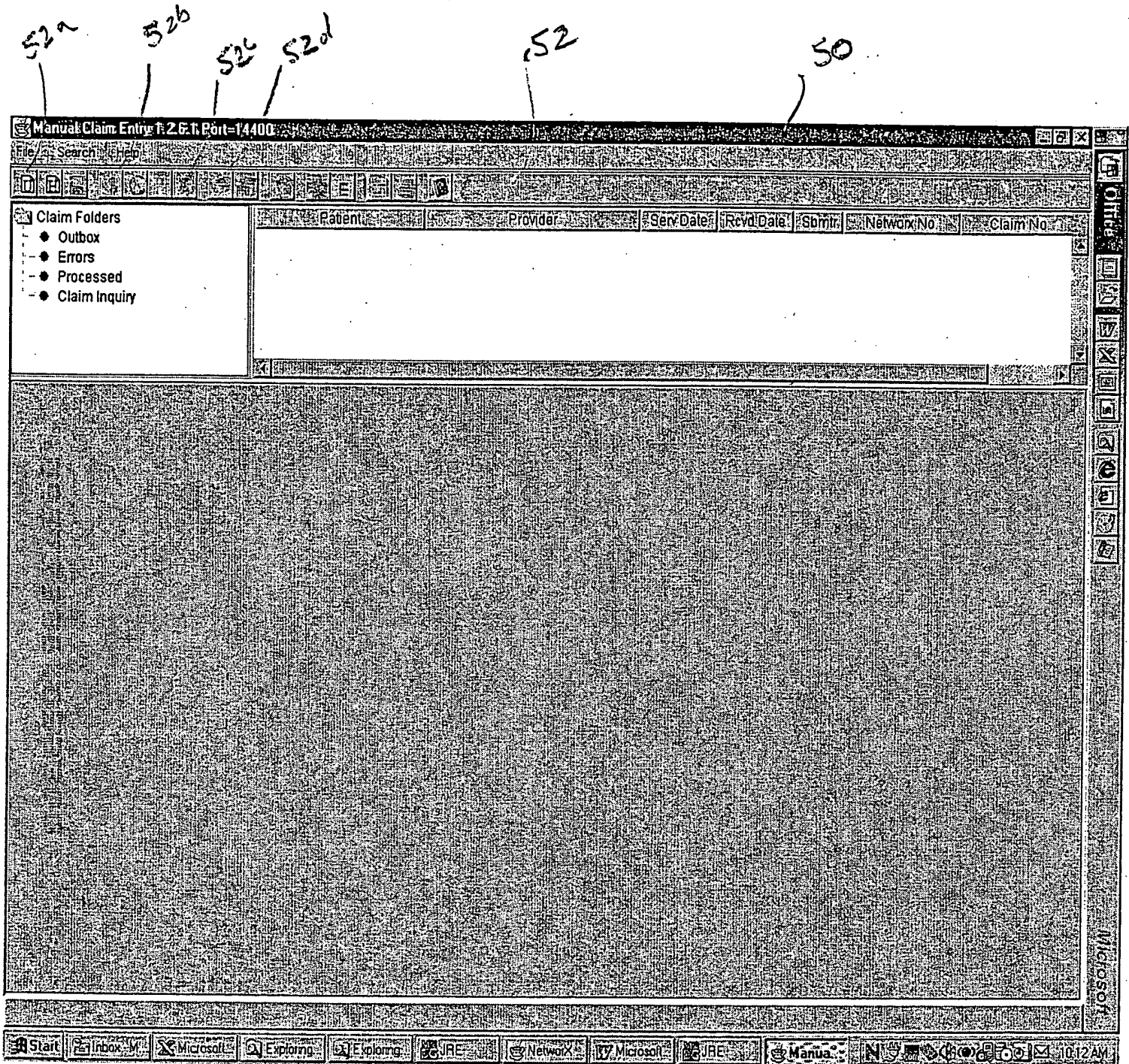


Figure 6a

Manual Claim Entry 1.2.7.1 Port=14400

File Search Help

Claim Folders

- Outbox
- Errors
- Processed
- Claim Inquiry

Patient: Provider: Serv Date: Rcvd Date: Sbmtr: Network No: Claim No: St:

1. MEDICARE/MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER

2. PATIENT'S NAME (Last, First, MI)

3. PATIENT'S BIRTHDATE

4. INSURED'S NAME (Last, First, MI)

5. PATIENT'S ADDRESS

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS

8. PATIENT STATUS

9. OTHER INSURED'S NAME (Last, First, MI)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY OR GROUP NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER

13. EMPLOYMENT? (CURRENT OR PREVIOUS)

14. BIRTHDATE

15. SEX

16. AUTO ACCIDENT?

17. PLACE (State)

18. EMPLOYER'S NAME OR SCHOOL NAME

19. OTHER ACCIDENT?

20. INSURANCE PLAN NAME OR PROGRAM NAME

21. IS THERE ANOTHER HEALTH BENEFIT PLAN?

22. RESERVED FOR LOCAL USE

Start Inbox - M... Microsoft... Unbilled... Exploring... JRE... NetwoX... Microsoft... JRE... Manual... 11:04 AM

Figure 6c

Manual Claim Entry T: 27: Port=14400

File Search Help

Claim Folders

- Outbox
- Errors
- Processed
- Claim Inquiry

Patient: Provider: Serv Date: Rcvd Date: Submit: Network No: Claim No: Sta:

DIAGNOSIS OF NATURE OF ILLNESS OR INJURY (RELATE ICD-9-CM OR ICD-10 BY LINE)

21 MEDICAID RESUBMISSION CODE

22 MEDICAID RESUBMISSION ORIGINAL REF NO

23 PRIOR AUTHORIZATION NUMBER

24 A B C D E F G H I J K

DATES OF SERVICE FROM TO

ICPT HCPCS Modifier Code CHARGES UNITS EPSDT EMG COB

Reserved for Local Use

Anesthesia Hours Mins Cost

25 FEDERAL ID NUMBER SSN/TEIN 26 PATIENT'S ACCOUNT NO. 27 ACCEPT ASSIGNMENT?

28 Total Charges 29 Amount Paid 30 Balance Due

31 SIGNATURE OF PHYSICIAN OR SUPPLIER

32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED

33 PHYSICIAN'S, SUPPLIER'S BILLING NAME ADDRESS, ZIP CODE AND PHONE NUMBER

SIGNED DATE

PIN# GRP#

Start Inbox Mail Microsoft Outlook Exploring JRE Network Microsoft JRE Manual No 11:06 AM

Figure 7

Manual Claim Entry: 1261 Port 14400

Search Help

Outbox Errors Processed

- All
- Completed Claims
- Cost Excess Days Manual

Patient	Provider	Srv Date	Rcvd Date	Sbmt	Network No	Claim No
slbmultwxspt2, ev	St Michael Health Care Center	2000-01-09	2000-02-29			
slbmaxlos3, ev	St Michael Health Care Center	2000-01-09	2000-02-29			
slbmultwxspt3, ev	St Michael Health Care Center	2000-01-09	2000-02-29			
Variable per diem, ev	Hardy Medical Center	2000-01-09	2000-02-29	dinalc		

Received: 02/29/2000 Claim No: []

Medical Center: [] 31 Patient Control Number: []

1305: [] 111

Crowley LA 70528

Statement Covers Period: [] From: [] Through: []

12 Patient Name: [] 13 Patient Address: [] City: [] State: [] Zipcode: []

14 Birthdate: [] 15 Sex: [] 16 MS: [] 17 Occurrence: [] 18 HR: [] 19 Type: [] 20 SRC: [] 21 D: [] 22 Stat: [] 23 Medical Record No: [] 24: [] 25: [] 26: [] 27: [] 28: [] 29: [] 30: []

08/15/1957 01/09/2000

32 Occurrence Code: [] 33 Occurrence Code: [] 34 Occurrence Code: [] 35 Occurrence Code: [] 36 Occurrence Code: [] 37 Occurrence Code: []

38 Last: [] First: [] MI: []

39 Value Codes: [] 40 Value Codes: [] 41 Value Codes: []

42 Description: [] 43 HCPCS/Rates: [] 44 Srv Date: [] 45 Srv Unit: [] 46 Total Charges: [] 47 Non Covered: [] 48 Cost: []

Code	Description	Quantity	Amount
120	ROOM BOARD/SIM	4	\$4,000.00
350	CORONARY CARE ORIG	1	\$8,000.00
250	PHARMACY		\$10,000.00
001	TOTAL CHARGES		\$20,000.00

74a 74b 74d 75a 75b 75c 75d

74d

Start Inbo The Exp Visb JAE Rep Rep JAE S Na JAE Ma

Microsoft

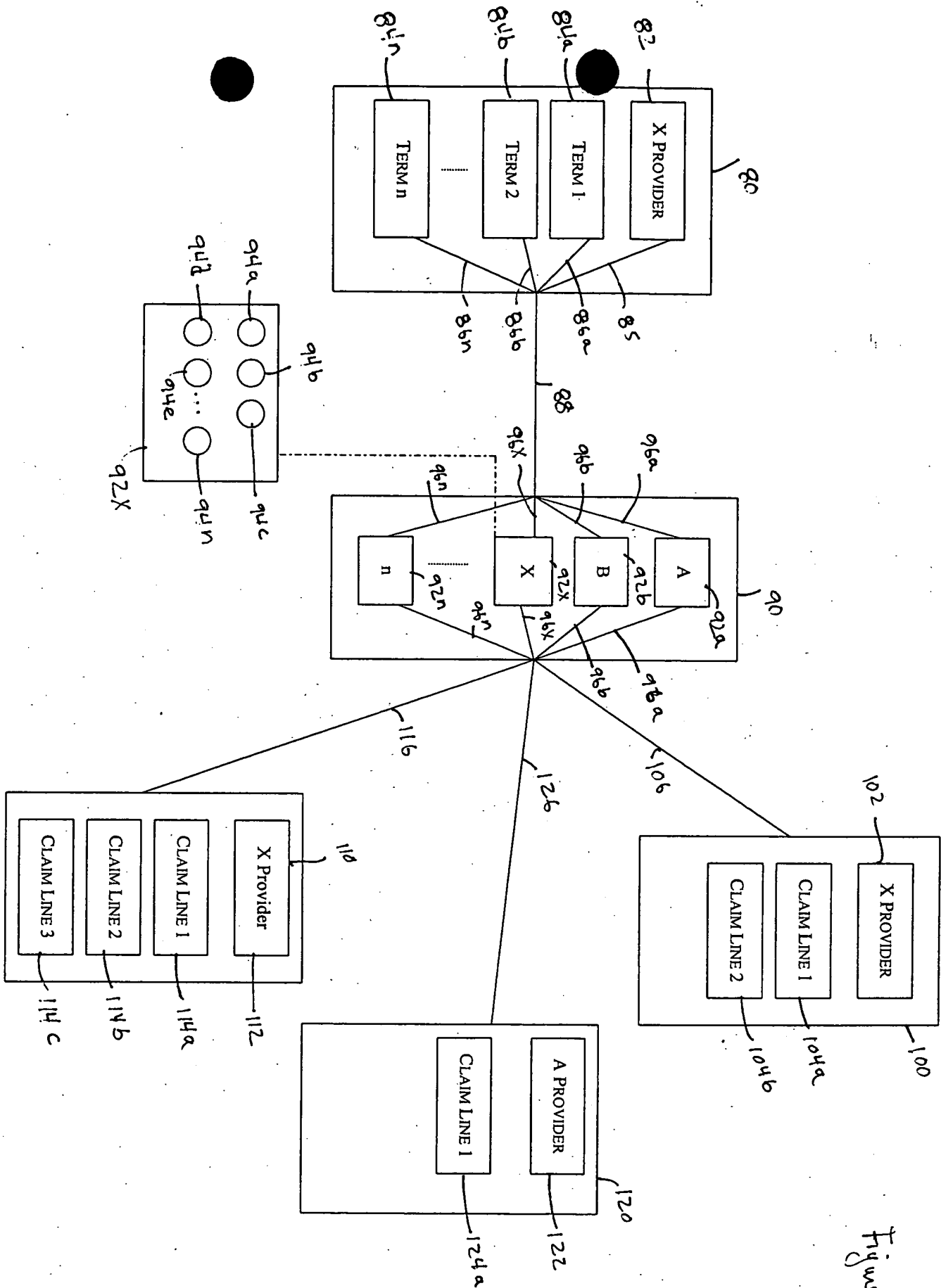


Figure 8

Figure 9-

140

Provider Contract

Medical Center 11-9999999
Effective 04/01/1999

Hospital agrees to provide Covered Hospital Services on the payment terms set forth below.

Hospital agrees to provide all Covered Inpatient and Outpatient Services according to the following all inclusive per diem and discount arrangements:

\$750.00 Medical Per Diem
\$950.00 Surgical Per Diem

Normal Delivery (Mother & Baby)
\$1,400.00 1-2 day stay case rate
\$450.00 each additional day

Cesarean Section (Mother & Baby)
\$2,800.00 1-2 day stay case rate
\$500.00 each additional day

All Other Covered Inpatient Services: 15% discount from billed charges
Outpatient Services: 15% discount from billed charges

Stop Loss: for any case in which charges exceed \$20,000.00, hospital will be paid 85% of billed charges.

150

Figure 10a

Network Administration 1.2.6: Port=14400

Create Rate Sheet

Rate Sheet Code:

Rate Sheet Description:

Is This a Sub Rate Sheet? ☒ 156

Effective Date: 03/15/2000 155a

Termination Date: 12/31/9999 155b

Available Sections

- Exclusion
- Per Diem
- Case Rate
- Inpatient Services
- Stop Loss
- Outpatient Exclusion
- Outpatient Case Rate
- Outpatient Stop Loss
- Professional/Other Services

Selected Sections

158a

OK Cancel 159

158b

Rate Sheet Search

Routing Rules Mailboxes

Add Sheet Change Sheets Delete Sheet Copy Sheet Add Item Change Item Delete Item Copy Item

Start Inbox Microsoft Microsoft Excel Exploring - repice Exploring - repice JRE Network Admin 10:09 AM

Figure 10b

NetworX Administration 1.2.7.1, Port=14400

Create Rate Sheet

Rate Sheet Code:

Rate Sheet Description:

Is This a Sub Rate Sheet? ☐

Effective Date: 05/02/2000

Termination Date: 12/31/9999

Available Sections

- Exclusion
- Inpatient Services
- Outpatient Exclusion
- Outpatient Case Rate
- Outpatient Stop Loss
- Professional/Other Services
- Outpatient Per Diem

Selected Sections

- Per Diem
- Case Rate
- Outpatient Services
- Stop Loss

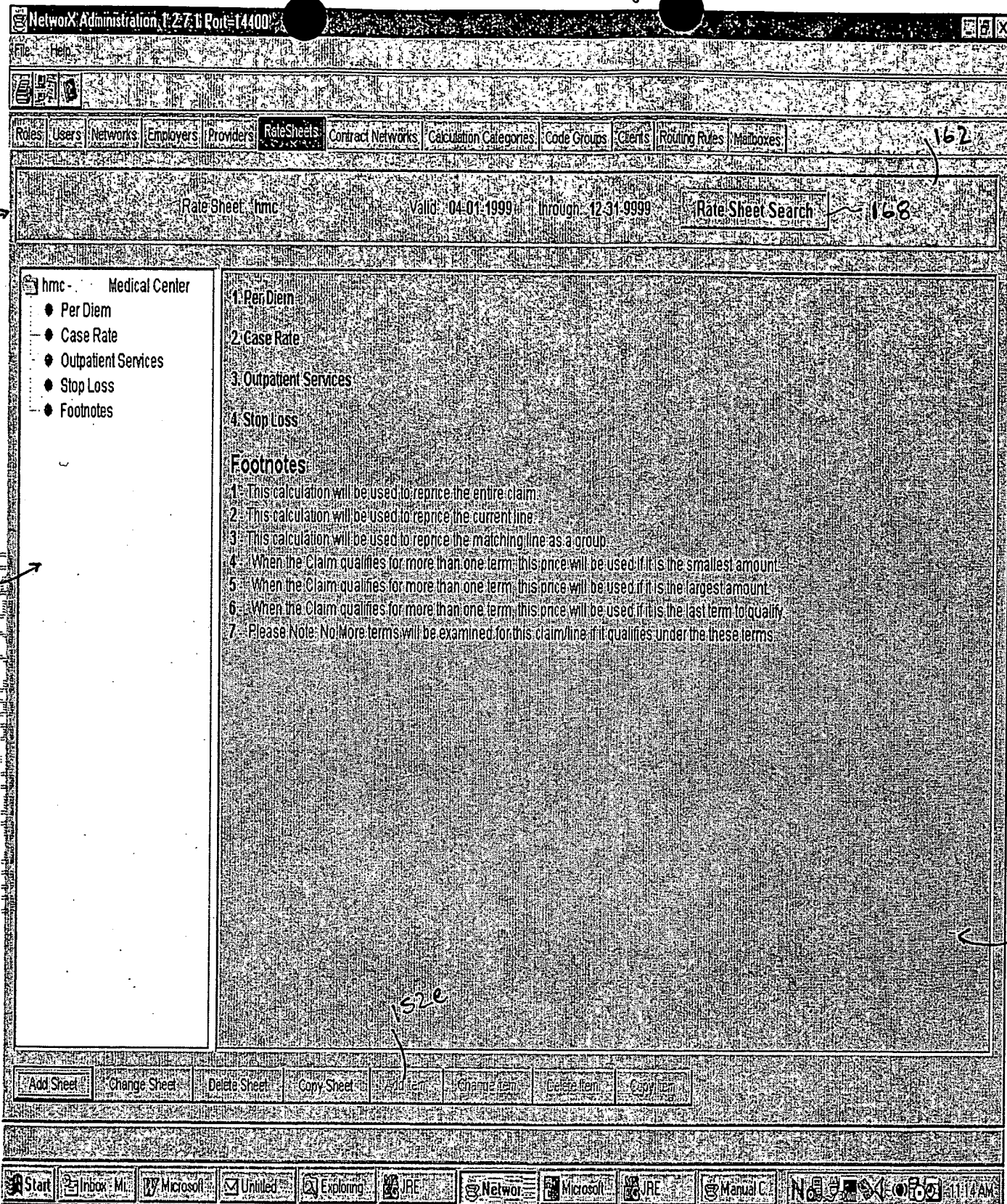
OK Cancel

Rate Sheet Search

Add Sheet Create Sheet Delete Sheet Copy Sheet Edit Item Change Item Delete Item Copy Item

Start Inbox - M... Microsoft... Untitled... Exploring... JRE... Networ... Microsoft... JRE... Manual C... 11:08 AM

Figure 11



Rate Sheet Term

☐ Headline

Description:

Effective Date:

Qualifications:

☒ Code Values ☐ Code Grouping

Code Types:

Calculations

☒ Calculations ☐ Actions ☐ SubRate Sheets

Calculation Categories

- ☒ All Calculations
- ☒ Another Test Add Calc
- ☒ Case Rates
- ☒ Case Rates BS
- ☒ Case Rates Qualcare
- ☒ Cost Calculations
- ☒ Discount Calculations
- ☒ DRGs
- ☒ Maximum Amounts
- ☒ My Test Calculation

☐ Complete

Figure 12

172c

172

174b

174c

174d

176

178

172b

172d

170

176

176

Qualifications

☐ Code Values ☐ Code Grouping

Code Types: DRG code(s)

Value Range: 103 to 109

Figure 12a

175a

175b

Qualifications

☐ Code Values ☐ Code Grouping

Code Types: SELECT CODE TYPE

Code Groups: - Select Code Group -

- Alcd (Acid?)
- Alc Schedule Code Values
- Alcohol & Drug
- Alcohol & Drug Day Program?
- Ambulatory Surgery
- asfgd
- Blood Factor 8 and 9

Figure 12b

177

Figure 13a

182c

182

182a

182b

184

185b

188a

189a

189b

186

188

190

Rate Sheet Terms

Description

☐ Heading

Description: Medical

Effective Dates: 04/01/1997 05/31/1999

Qualifications

☐ Code Values ☐ Code Grouping

Code Types: Revenue Codes

Code Groups: Per Diem - Medical

Calculations

☐ Calculations ☐ Actions ☐ SubRate Sheets

Calculation Categories

- ☒ All Calculations
- ☒ Case Rates
- ☒ Cost Calculations
- ☒ Discount Calculations
- ☒ DRGs
- ☒ Maximum Amounts
- ☒ Non Covered Services
- ☒ Per Diems
 - ☒ 2 Level Per Diem
 - ☒ Per Diem

☐ Complete

Per Diem

Pricing is: \$750.00 per diem

This calculation will be used to reprice the current line. When the Claim qualifies for more than one term, this price will be used if it is the last term to qualify.

OK Cancel

Figure 13b

198

199

Rate Sheet Terms

Description

☐ Heading

Description: Surgical

Effective Dates: 04/01/1997 12/31/9999

Qualifications

☒ Code Values ☒ Code Grouping

Code Types: Reversible code (X)

Code Groups: Per Diem - Surgical

Calculations

☒ Calculations ☐ Actions ☐ SubRate Sheets

☒ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Per Diem

Pricing is: \$950.00 per diem

This calculation will be used to replace the current line. When the Claim qualifies for more than one term, this price will be used if it is the last term to qualify.

OK Cancel

Network Administration 1.2.7.1 Port=14400

File Help

RolesUsersNetworksEmployersProvidersRate SheetsContract NetworksCalculation CategoriesCode GroupsClientsRouting RulesMailboxes

Rate Sheet: hmcValid: 04-01-1999 through 12-31-1999Rate Sheet Search

hmc - Hardy Medical Center

Per Diem

Case Rate

Outpatient Services

Stop Loss

Footnotes

1: Per Diem

1.1 Medical

Code Group - Per Diem - Medical Pricing is: \$750.00 per diem - 26

1.2 Surgical

Code Group - Per Diem - Surgical Pricing is: \$950.00 per diem - 26

2: Case Rate

3: Outpatient Services

4: Stop Loss

Footnotes

1 - This calculation will be used to reprice the entire claim.

2 - This calculation will be used to reprice the current line.

3 - This calculation will be used to reprice the matching line as a group.

4 - When the Claim qualifies for more than one term, this price will be used if it is the smallest amount.

5 - When the Claim qualifies for more than one term, this price will be used if it is the largest amount.

6 - When the Claim qualifies for more than one term, this price will be used if it is the last term to qualify.

7 - Please Note: No More terms will be examined for this claim/line if it qualifies under the these terms.

Add Sheet

Create Sheet

Delete Sheet

Copy Sheet

Add Item

Change Item

Delete Item

Copy Item

Start

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JRE

Network

Microsoft

JRE

Manual C

11:16 AM

195

Figure 14

Rate Sheet Terms

☐ Heading

Description: **Normal Delivery (MoM & Baby)**

Effective Dates: **04/01/1997** to **12/31/9999**

Qualifications:

☒ Code Values ☒ Code Grouping

Code Types: **ICD-9 Procedure code(s)**

Code Groups: **Normal Delivery**

Calculations

☒ Calculations ☐ Actions ☐ SubRate Sheets

☒ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Case Rate plus Per Diem, Limited by Charge

Pricing is a case rate of **\$1,400.00** for up to **2** days and **\$450.00** per diem for each additional day.

Limit is allowed to the **combined charges.** ☒

This calculation will be used to reprice the **entire claim.** ☒ When the claim qualifies for more than one term, this price will be used if it is the **last term to qualify.** ☒

OK **Cancel**

Figure 15

Rate Sheet Terms

☐ Heading

Description: **C-Section (Mom & Baby)**

Effective Dates: **04/01/1997** to **12/31/9999**

Qualifications:

☒ Code Values ☐ Code Grouping

Code Types: **Open Procedure and**

Code Groups: **C-Section**

Calculations

☒ Calculations ☐ Actions ☐ SubRateSheets

☒ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Case Rate plus Per Diem, Limited by Charge

Pricing is a case rate of **\$2,800.00** for up to **2** days and **\$500.00** per diem for each additional day.

Limit the allowed to the: **combined charges.**

This calculation will be used to replace the: **entire claim.** When the Claim qualifies for more than one term, this price will be used in the: **last term to qualify.**

Figure 16

Rate Sheet Terms

Description: ☐ Heading

Description:

Effective Dates:

Qualifications: ☒ Code Values ☐ Code Grouping

Code Types: ☒

Calculations

☒ Calculations ☐ Actions ☐ Subrate Sheets

- Calculation Categories
 - All Calculations
 - Case Rates
 - Cost Calculations
 - Discount Calculations
 - ☒ Discount Pct
 - Discount Pct w/ Threshold
 - Provider Discount Pct
 - DRGs
 - Maximum Amounts
 - Non Covered Services

☐ Complete

Discount Percent

Ending is a discount on the charge.

This calculation will be used to reprice the When the claim qualifies for more than one term, this price will be used if it is the ☒

OK Cancel

Figure 17

Rate Sheet Terms

Description:

☐ Heading

Description:

Effective Dates:

Qualifications:

☒ Code Values ☐ Code Grouping

Code Types:

Calculations:

☒ Calculations ☐ Actions ☐ SubRate Sheets

Calculation Categories

- ☒ All Calculations
- ☒ Case Rates
- ☒ Cost Calculations
- ☒ Discount Calculations
 - ☒ Discount Pct
 - ☐ Discount Pct w/ Threshold
 - ☐ Provider Discount Pct
- ☒ DRGs
- ☒ Maximum Amounts
- ☒ Non Covered Services

☐ Complete

Discount Percent

Pricing is a discount of the charge.

This calculation will be used to replace the When the claim qualifies for more than one term, this price will be used if it is the

OK Cancel

Figure 18

Rate Sheet Terms

☐ Description

☐ Heading

Description: **Stop Loss**

Effective Dates: **04/01/1997** **12/31/9999**

☐ Qualifications

☒ Code Values ☐ Code Grouping

Code Types: **All Remaining codes**

Calculations

☒ Calculations ☐ Actions ☐ SubRate Sheets

☒ All Calculations

- 2 Level Per Diem
- 2 Level Per Diem, Ltd by Pct of Chg
- 2 Level Services
- 2 Lv Case + Excess Pct, Ltd by Chg
- 2 Lv Case + PD, Ltd by Chg
- 2 Lv Case, Ltd by Chg
- 3 Lv Case + PD, Ltd by Chg
- 3 Lv Case, Ltd by Chg
- 3 Lv Per Diem

☐ Complete

Stop Loss

If the total charge exceeds: **\$20,000.00** principal's recalculated to be: **85%** of the total charge

This calculation will be used to reprice the: **entire claim.** ☐ When the Claim qualifies for more than one term, this price will be used in the: **last term to qualify.** ☐

Network Administration 261 Port-21000

File Edit View Options Help

Roles Users Networks Employers Providers **Rate Sheets** Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

Rate Sheet: djwhmc Valid: 04-01-1999 through 12-31-9999 **Rate Sheet Search**

djwhmc - Hardy Medical Center

- ☐ Per Diem
- ☐ Case Rate
- ☐ Outpatient Services
- ☐ Stop Loss
- ☐ Footnotes

1. Per Diem

1.1 Medical
Code Group: Per Diem - Medical Pricing is \$750.00 per diem - 2.6

1.2 Surgical
Code Group: Per Diem - Surgical - complex Pricing is \$950.00 per diem - 2.6

2. Case Rate

2.1 Normal Delivery
Code Group: Normal Delivery Pricing is a case rate of \$1,400.00 for up to 2 days and \$450.00 per diem for each additional day. Limit the allowed to the combined charges. - 1.6

2.2 Caesarean section
Code Group: C-Section Pricing is a case rate of \$2,800.00 for up to 2 days and \$500.00 per diem for each additional day. Limit the allowed to the combined charges. - 1.6

2.3 well baby
Code Group: Well Baby - Complex Pricing is 0% of the charge - 1.6

3. Outpatient Services

3.1 All services
All Services Pricing is a 15% discount of the charge - 1.6

4. Stop Loss

4.1 well Baby
Code Group: Well Baby - Complex No pricing applies - 1.47

4.2 stop loss
All Services: If the total charge exceeds \$20,000.00 pricing is recalculated to be 85% of the total charge - 1.6

Footnotes

1. The combined charges will be used to determine the actual claim.

Add Sheet Change Sheet Delete Sheet Copy Sheet Add Item Change Item Delete Item Copy Item

Start Inbox Microsoft Microsoft Excel FW: ALC - Messa Expanding Licence JRE Network Admin N 9:06 AM

Network Administration F26.1 Port-21000

File Help

Roles Users Networks Employers Providers **Rate Sheets** Contract Networks Calculation Categories Code Groups Clients Routing Rules Mailboxes

Rate Sheet: djwhmc Valid: 04-01-1999 through: 12-31-9999 Rate Sheet Search

djwhmc - Hardy Medical Center

- Per Diem
- Case Rate
- Outpatient Services
- Stop Loss
- Footnotes

2. Case Rate

2.1 Normal Delivery
Code Group - Normal Delivery: Pricing is a case rate of \$1,400.00 for up to 2 days and \$450.00 per diem for each additional day. Limit the allowed to the combined charges: -1.6

2.2 Caesarean section
Code Group - C-Section: Pricing is a case rate of \$2,800.00 for up to 2 days and \$500.00 per diem for each additional day. Limit the allowed to the combined charges: -1.6

2.3 well baby
Code Group - Well Baby - Complex: Pricing is 0% of the charge: -1.6

3. Outpatient Services

3.1 All services
All Services: Pricing is a 15% discount of the charge: -1.6

4. Stop Loss

4.1 well baby
Code Group - Well Baby - Complex: No pricing applies: -1.4.7

4.2 stop loss
All Services: If the total charge exceeds \$20,000.00, pricing is recalculated to be 85% of the total charge: -1.6

Footnotes

- 1- This calculation will be used to replace the entire claim.
- 2- This calculation will be used to replace the current line.
- 3- This calculation will be used to replace the matching line as a group.
- 4- When the Claim qualifies for more than one term, this once will be used if it is the smallest amount.
- 5- When the Claim qualifies for more than one term, this once will be used if it is the largest amount.
- 6- When the Claim qualifies for more than one term, this once will be used if it is the last term to qualify.
- 7- Please Note: No More terms will be examined for this claim line if it qualifies under the these terms.

Add Sheet Change Sheet Delete Sheet Copy Sheet Add Item Change Item Delete Item Copy Item

Start Inbox Micros Microsoft Exc FW ALG Me Exploring rep JRE Networ AE Microsoft Word 9:07 AM

Completed Rate Sheet

Figure 20

Medical Center

1. Inpatient Per Diem

1.1 Medical

Revenue codes in Per Diem – Medical. Reprice at \$750.00 per day. –2,6

1.2 Surgical

Revenue codes and CPT4 Procedure codes in Per Diem – Surgical. Reprice at \$950.00 per day. –2,6

2. Inpatient Case Rate

2.1 Normal Delivery 1-2 Days

ICD-9 Procedure codes in Normal Delivery. Reprice at \$1,400.00 for up to 2 days. \$450.00 per diem, thereafter. –1,6

2.2 C-Section

ICD-9 Procedure codes in C-Section. Reprice at \$2,800.00 for up to 2 days. \$500.00 per diem, thereafter. –1,6

3. Inpatient Services

3.1 All Other Inpatient Services

All Remaining Codes. Reprice at 15% of charges. –2,6

4. Outpatient Services

4.1 All Other Outpatient Services

All Remaining Codes. Reprice at 15% of charges. –2,6

5. Stop Loss

5.1 Stop Loss

All Remaining Codes. If repriced amount exceeds \$20,000 the claim will be repriced at 85% of charges. –1,6

Footnotes

- 1 – This calculation will be used to reprice the entire claim.
- 2 – This calculation will be used to reprice the current line.
- 3 – This calculation will be used to reprice the matching line as a group.
- 4 – When the claim qualifies for more than one term, this price will be used if it is the largest amount.
- 5 – When the claim qualifies for more than one term, this price will be used if it is the smallest amount.
- 6 – When the claim qualifies for more than one term, this price will be used if it is the last term to qualify.
- 7 – Please note: No more terms will be examined for this claim/line if it qualifies under these terms.

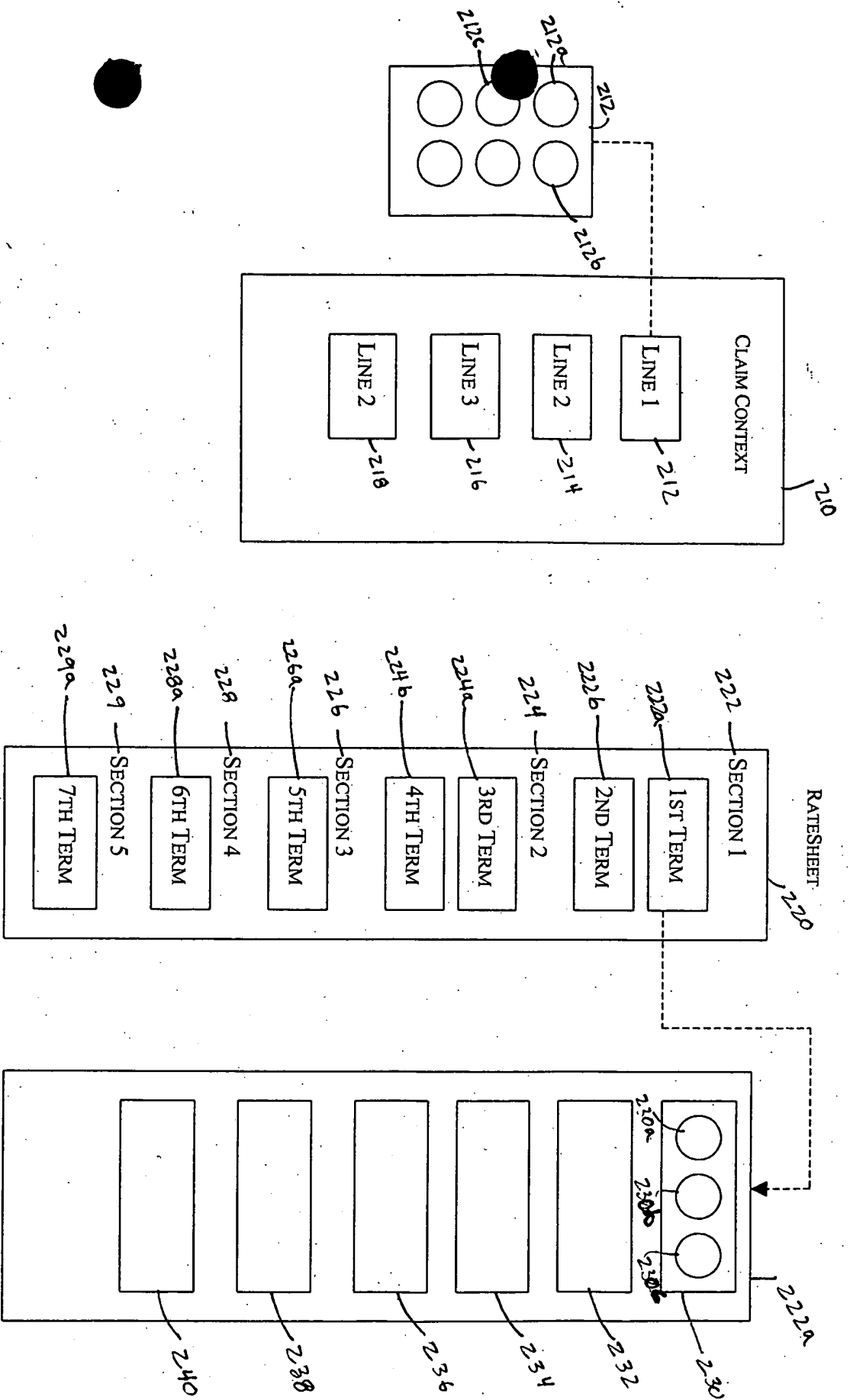


FIGURE 21

Figure 22

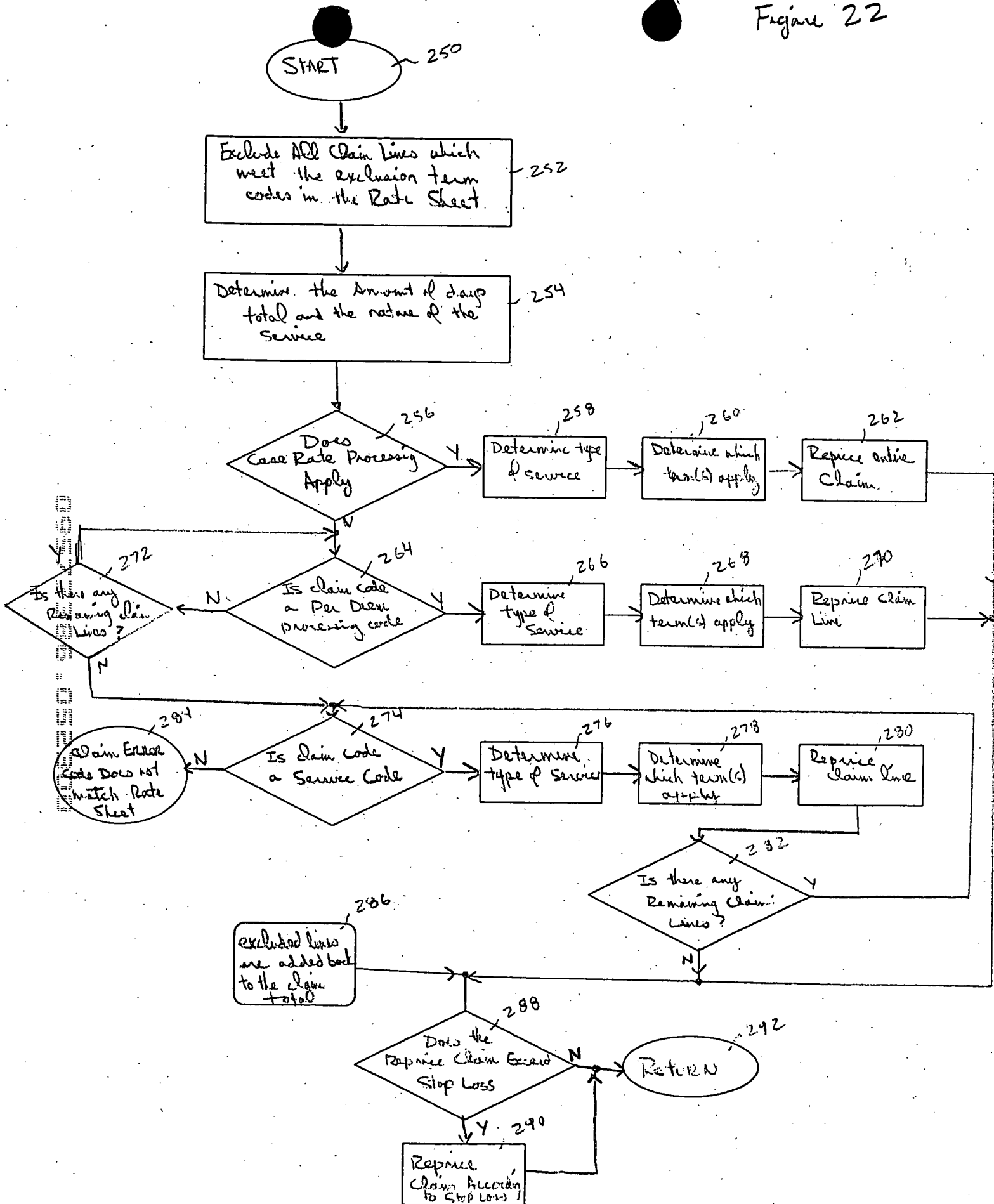
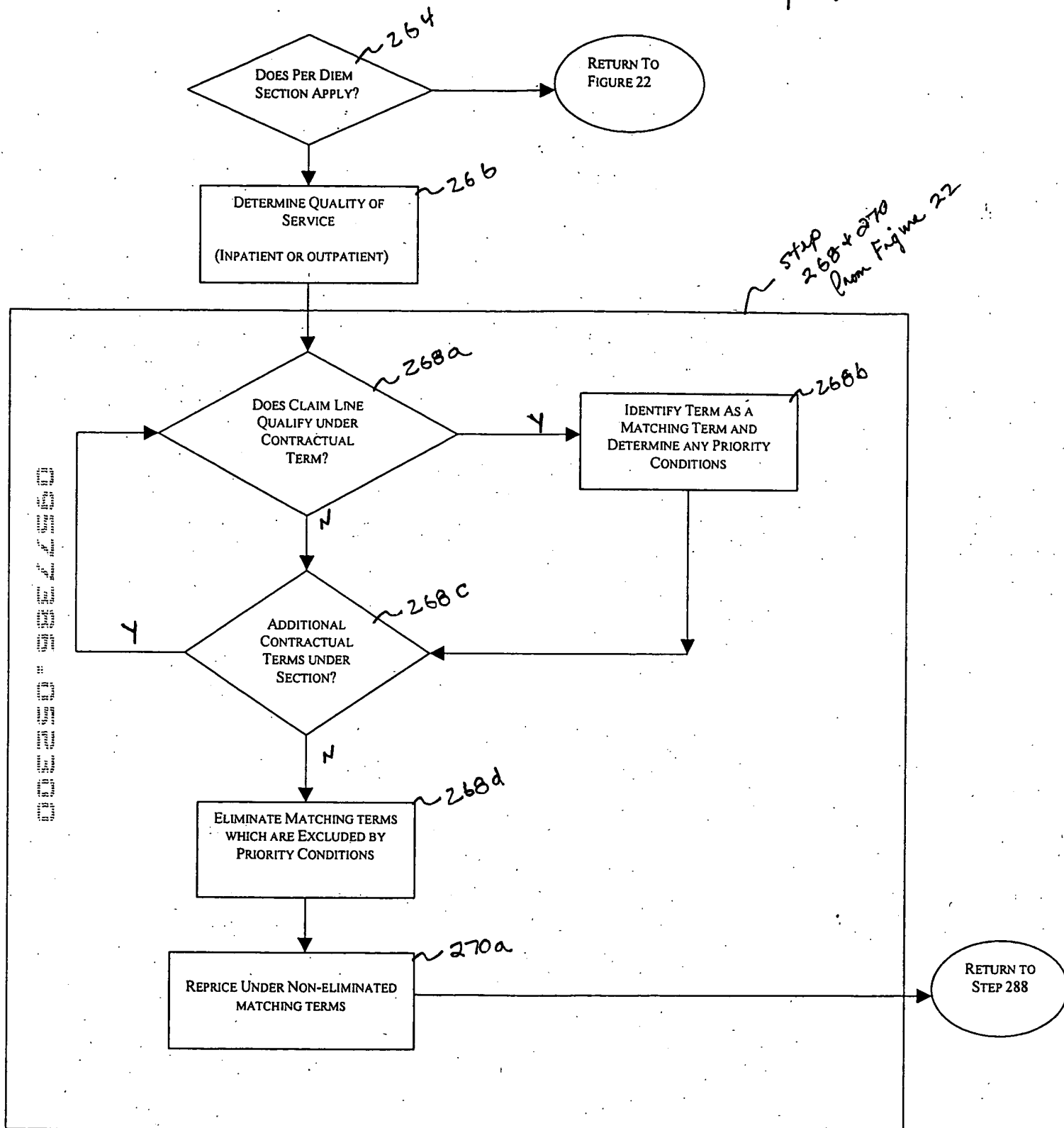


Figure 23



300

Figure 24

Repricing Worksheet						
		Date		03/23/2000		Page
		Worksheet No		100323CWQXVH		
		Processor		DRNALC		
REPRICING WORKSHEET						
Client/Carrier: UNICARE LIFE & HEALTH INSURANCE COM Member				EV SLBYAVGDAILY1		
AUSTIN PAYPOINT (228)				Member ID 15		
POST OFFICE BOX 833933				Patient DEB NELSON		
RICHARDSON, TX 75083				Employer EMPLOYER ADVANTAGE		
				Policy No 130085		
Provider of Service HARDY MEDICAL CENTER				Patient No		
TIN 11-9999999				Diagnosis 114		
Admission Date 01/09/2000				Period: to		
Rev	Description	Units	Charge	Not Repriced	Discount	Network Allowable
020	MEDICAL	4	\$20,000.00	\$0.00	\$17,000.00	\$3,000.00
** Total			\$20,000.00	\$0.00	\$17,000.00	\$3,000.00
THE ABOVE WAS REPRICED USING THE AMERICAN LIFE CARE NEGOTIATED PRICING.						

Figure 2.5a

[illegible]

Figure 25b

Manual Claims Entry #266 Point 14400

File Search Help

Outbox
Errors
Processed
All

Patient	Provider	Serv Date	Rcvd Date	Submt	Network No	Claim No
Dave, Example6	Dave E. Williams M.D.	1999-07-12	1999-12-28	dem	1003220RHJNO	
slbymaxosmaxdisc4, ev	St Michael Health Care Center	2000-01-09	2000-02-29	emalc	100322BHWN0	
fresh slmaxosmaxdisc4, ...	St Michael Health Care Center	2000-01-09	2000-03-22	emalc	100322C2SLVP	

50 Payer 51 Provider No 52 Rel 53 ASG 54 Prior Payments 55 Est. Amt Due 56

57 **DUE FROM PATIENT**

58 Insured's Name First MI 59 P-Rel 60 Cert SSN HIC ID No 61 Insured's Name 62 Insured's Address

63 Treatment Authorization Codes 64 ESC 65 Employer Name 66 Street 67 City 68 St 69 Zipcode

69 Port ID 69 Code 69 Code 70 Code 71 Code 72 Code 73 Code 74 Code 75 Code 76 Att Diag 77 E-Code

78 PC 79 Principal Procedure Code Date 80 Other Procedure Code Date 81 Other Procedure Code Date 82 Attending Phys ID 83 Other Phys ID 84 Other Phys ID

84 Remarks

85 Provider Representative 86 Date

Start Inbox View Print JRE Rep JRE Na JRE Ma BY Mic No 4:42 PM

320

Figure 26

Repricing Worksheet							
			Date	03/23/2000	Page		
			Worksheet No	100323C27XVP			
			Processor	DRNALC			
REPRICING WORKSHEET							
Client/Carrier: UNICARE LIFE & HEALTH INSURANCE COM			Member	EV SLBYAVGDAILY1			
AUSTIN PAYPOINT (228)			Member ID	15			
POST OFFICE BOX 833933			Patient	DEB NELSON			
RICHARDSON, TX 75083			Employer	EMPLOYER ADVANTAGE			
			Policy No	130085			
Provider of Service			HARDY MEDICAL CENTER	Patient No			
TIN			11-9999999	Diagnosis	780		
Admission Date			01/09/2000	Period:	to		
Rev	Code	Description	Units	Charge	Not Repriced	Discount	Network Allowable
	120	NORMAL DELIVERY	4	\$20,000.00	\$0.00	\$17,700.00	\$2,300.00
** Total				\$20,000.00	\$0.00	\$17,700.00	\$2,300.00
THE ABOVE WAS REPRICED USING THE AMERICAN LIFE CARE NEGOTIATED PRICING.							

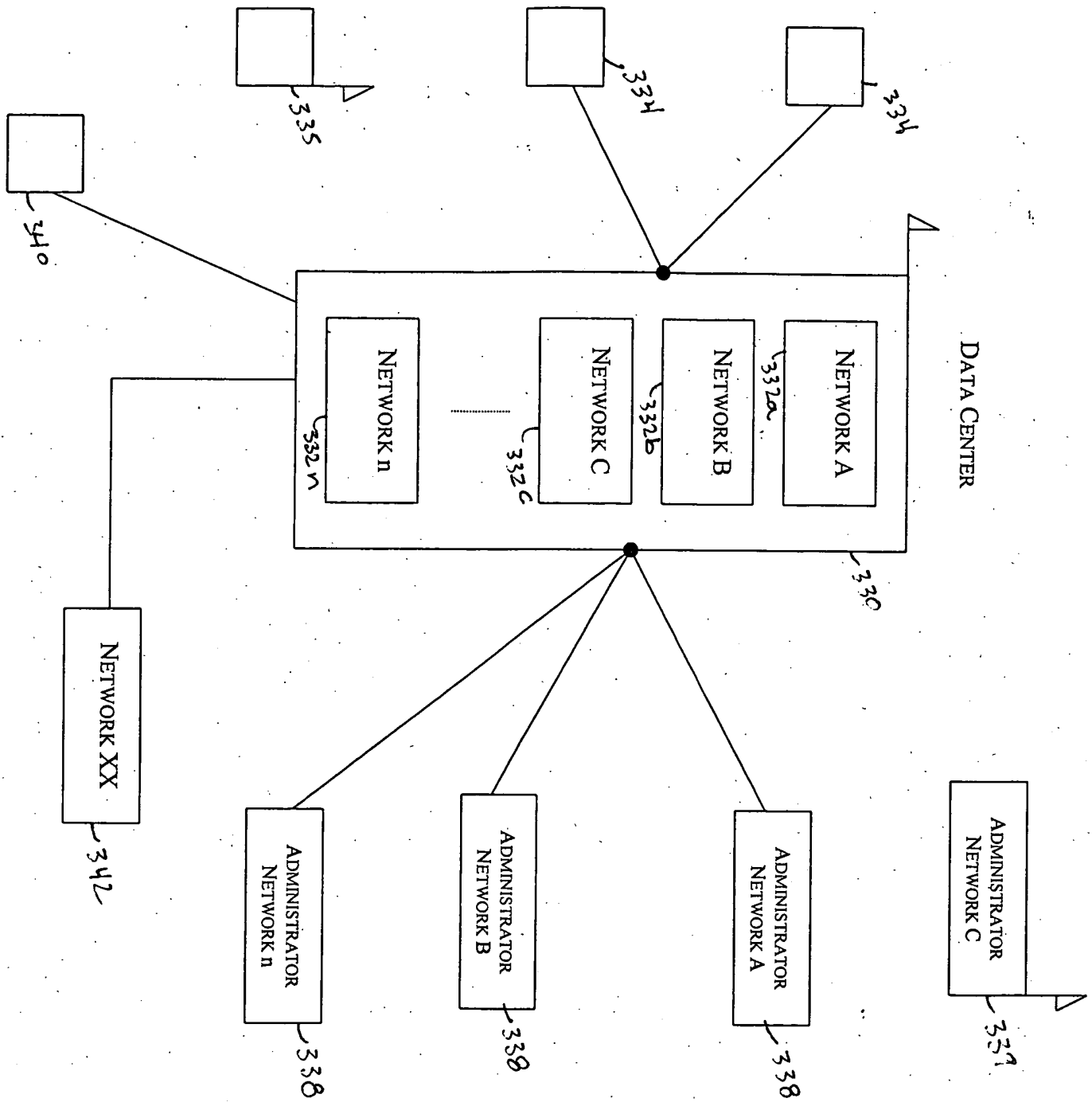


Figure 27